



## INITIAL REQUEST FOR OUTLIER FUNDING

### 1:1 OR ENHANCED STAFF SUPPORT PROVIDED IN A RESIDENTIAL OR DAY PROGRAM SETTING

**I. Nature of Request:**

- ☐ 1:1 staff support
- ☐ Enhanced staff support due to the needs of one person.
- ☐ Enhanced staff support due to the needs of more than one person.

**II. Amount of Funding Request:** \$ \_\_\_\_\_

**III. Location(s):** Name(s) and type(s) of setting(s) in which enhanced staff support will be provided.

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**IV. Name(s)/SSN(s)** of those who will be provided with enhanced staff support.

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**V. Current staffing pattern:** Use "Residential Staffing Grid" if provided in a residential setting.

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**VI. Staffing Pattern Requested:** Use "Residential Staffing Grid" if provided in a residential setting.

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**VII. Reason for Request:** Describe why current staffing pattern is insufficient.

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**VIII. Interventions:** Describe the interventions that have been tried, the date(s) implemented, and the results. Attach BSP, behavior data, annual and any other pertinent supporting documentation.

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**IX. Include the most recent financial report for the residential cost center.**

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**Requester Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DSN Board/  
Provider Agency:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_